

Scott Perkins, DDS:

No Simple Dentist

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Scott Perkins, DDS has described himself as a “dental maniac” with a zeal for dentistry that is evident in his videos and posts on Dentaltown. Simple Dental is a company name that reflects Scott’s special interest in the efficient performance of dental procedures. I recently visited with Scott to learn more about the company he started four years ago with his wife, Mary Jane. The conversation provides a peek into the mind of a dental inventor.

The Company

DT: Scott, tell us about how your company, SimpleDental is doing.

Scott: SimpleDental has doubled in growth every year since it started in 2001. SimpleDental began in order to handle the marketing of my educational materials, selections and inventions that enjoyed a nice start up with the publishing of my article "The Amazing 15-Minute Crown Procedure" in the January 2001 issue of *Dentaltown*. Sales of my impression material GunRack and "15-Minute Crown Procedure" video are still going strong after 5 years.

In fact, Donald Antonson, DDS, chair at NOVA Southeastern University College of Dental Medicine, shows the video to all the students there. Don has raised the state board pass rate at NOVA from almost last to almost first. I'm honored my instructional tape is being used as part of his educational material.

DT: Do you have a mission statement?

Scott: Upgrade the level of education of dentists. Automate dentistry. Revolutionize dentistry. Reveal the answers to the mysteries in dentistry. Upgrade the level of dental health on a global scale. Shock a few people. Delight a few people.

I know that sounds a bit megalomaniacal, but I say this understanding that I don't know for sure that I can do any of this. On the other hand I like to dream, there's not much harm in it and besides, every now and then a man's dreams come true. You never know.

DT: What is your biggest frustration?

Scott: Too many ideas, and not enough infrastructure and capital to develop them and bring them to market as quickly as I would like. It's very frustrating. I feel as if people are being shorted because I can't get technology out fast enough.

My biggest wish is to see our company grow to the point where I can stop wearing so many hats and focus in the areas where I have the most talent and find the most rewarding.

DT: What would those areas be?

Scott: My younger brother once told me, "Scott, I know what your core competencies are! Having good ideas and getting people excited." Whether this is true or not, there's no doubt those are what I enjoy the most.

DT: Do you still practice dentistry?

Scott: Are you kidding? I can't imagine not practicing dentistry. I practice three days a week and am able perform procedures in half the time of the average dentist. I am proud to be a dentist, and I will always be a dentist.

There is absolutely no way I can innovate without encountering patients on a regular basis. Besides, I love my patients. They are my friends. No one person can stand to listen to all I have to say, I find it necessary to distribute my blabber amongst many who are captive audiences. Anyone who knows me, knows I talk too much.



DT: What about the people behind you in SimpleDental? Just how big is your organization?

Scott: There are too many people who have contributed to SimpleDental to mention. I'll undoubtedly forget someone. Of course I'd be remiss if I didn't mention my wife, Mary Jane. She is heavily involved with SimpleDental. If you have done business with us, chances are you've spoken with Mary Jane. She shoulders most of the less glamorous and labor-intensive aspects of the business and has worked hard to put a personal touch to our efforts. I can tell you first hand that a start-up business is more work than most imagine and Mary Jane has played an increasingly critical role.

DT: How do you manage SimpleDental's workload?

Scott: Twenty-five percent of our orders are from the Internet at SimpleDental.com. We rely on efficiency gains from computers, outsourcing, and e-commerce. We have put in the infrastructure to manage our continued growth and achieve excellent service at the same time. We will continue to make full use of the automation the Internet allows in terms of communications for those who are accustomed to electronic methods and real humans for those who prefer the old-fashioned way.

Innovations with Burs

DT: Give us the low down on your new Samurai Precision bur that is receiving such rave reviews on *Dentaltown.com*. Why such a fuss over something as simple as a bur?

Scott: We are dentists. What are we known for doing all day? Drilling! It just makes sense that dentists are going to have a favorable reaction to something as fundamental as how they drill teeth if it's palpably better. The Samurai Precision Bur is, in my opinion, the best bur for endo access, enamel peel, amalgam removal, cutting through porcelain fused to metal, cavity prep, etc. But, don't believe me. Go to the message

boards at *Dentaltown.com* and read what other clinicians are saying.

DT: Is the Samurai the only bur SimpleDental markets?

Scott: We have a full bur line of Samurai dentate burs, as well as carbides and diamonds now.

DT: According to your Web site, "Bur Management" is going to be explained. Would you expand on that?

Scott: These days I'm into burs. Not just their geometry and individual performance, but how they are used and the logistics of their delivery and handling. "Bur Management" is what I've termed it. SimpleDental wants to manage your burs for you. We are modifying our e-commerce site for online inventory control and bur "education." I've devised a way to calculate a dentist's bur consumption based on procedures performed.

DT: Do you mean dentists won't be counting their inventory?

Scott: That's exactly right. You will be able to upload your exported monthly procedure stats into SimpleDental's Web-based calculator

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from your practice management software and it will debit your current bur inventory and suggest what bur and what quantity to order. You will be able to accept this suggestion or modify it. The idea is to keep you from buying too many or too few burs. Instead, you have exactly the number of burs you need in order to perform efficient dentistry with an appropriate “cushion” of inventory that doesn’t tie your money up, or put you at risk for running out of burs.

DT: Any other “inventions” concerning burs?

Scott: My latest product, the HandiBlok, is a disposable bur block that attaches to the back of your gloved hand so that all your burs are ready, easily accessible and razor sharp. These are for those dentists who understand that disposable burs are cheaper than reusable burs in terms of net profitability to the dental practice.

Endodontic Research

DT: I know you spend a lot of time investigating. Tell us about your brand of research and development (R&D) and what results you have achieved.

Scott: R&D results in observations that lead to discoveries that lead to new products and techniques. That’s what SimpleDental is all about: R&D, new products and education on new and more efficient techniques. One of the more useful spin-offs of my R&D efforts came when I was processing large batches of teeth. I wanted to test endodontic files in teeth devoid of pulp tissue remnants. I knew that endodontists warmed bleach in order to increase the rate of reaction of bleach on pulp tissue. Since these were extracted teeth, I decided to heat the bleach to near boiling in order to speed things up.

I had sectioned the teeth below the CEJ because I wanted to directly visualize the pulp chamber floor without having to peer through an access hole. After a good soaking in very hot bleach and then rinsing and drying, I was amazed by what I saw. The canal orifices were incredibly distinct. When I put my files in the orifices, the files made it down the canals with ease compared to teeth that still contained their pulp tissue remnants (PTR).

Later, I would place a tooth under a stereo-microscope (SM)

and load the conventional access hole into the pulp chamber area with hot bleach and observe the accelerated action of the hot bleach as bubbles coursed up from the canals like a scuba diver exhaling bubbles. Episodically, mini “explosions” or “plumes” of debris would erupt from the canals. As long as bubbles were still rising, I knew that organic material was being oxidized in the canals.

Sectioning teeth was an arduous process. I was determined to observe anatomy first hand. Reading an abstract in the literature on anatomy only served to confuse me. The literature seemed conflicting. In addition, I was encountering anatomy that I was completely unaware existed. I needed to be able to slice teeth faster and more accurately. How would this be possible? “I know,” I thought to myself, “a robot!”

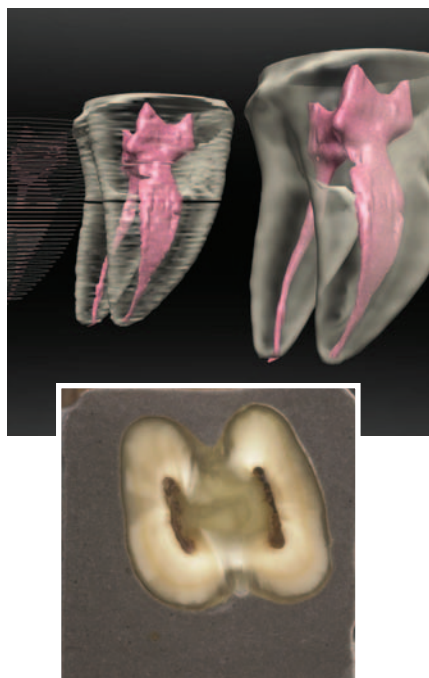
It fascinates me even now to see the robot do its work. The three-dimensional (3D) image, together with the sections, was produced by the robot. It allows me to see inside the tooth and gain a better understanding of the internal root canal system. This is done at a fraction of the cost of a Micro-CT scanner.

I began using hot bleach on the PTRs of patients. I also use it on anatomic sections. I steered my endo procedure to more of a chemical debridement than a mechanical one. My fills began to take on a much more 3D character. I believe my endo procedure involves the most thorough canal debridement protocol that currently exists in dentistry as well as being the most minimally invasive.

DT: What about the 15-minute molar endo? Are you backing off of that claim?

Scott: The “15 Minute Molar Endo” article and video are possibly the most misunderstood in dentistry. What I was trying to illustrate is that there are a lot of unnecessary movements in a common endo procedure. In fact, if you were to take an average endo procedure and subtract the non-value added movements, or the time when there was no instrumentation being performed on the tooth, I would bet most average endos are actually completed in 15 minutes. The point I am trying to make is *not* that we should all be doing 15-minute molar endos, but that we should strive for more efficient procedures; and to illustrate that I showed a 15-molar endo is possible.

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“I spend over \$150,000 a year on continuing education for me and my staff. Scott’s endo course had more pearls and ‘rubber meet the road techniques’ than any course I’ve taken in the last 5 years.”

***— Michael Abernathy, DDS, lecturer
“The Stress Free \$5,000,000 Practice”***

“Our curriculum stresses quality of restorations plus efficiency and Dr. Perkins’ video demonstrates how select new products and ergonomics may accomplish this goal.”

***— Donald E. Antonson, DDS, MEd. Chair,
Department of Cariology and Restorative Dentistry***

DT: Concerning hot bleach, let me get this straight; you're saying that with its use, you can see root canal anatomy more clearly? What about the notorious fourth canal? Are you able to visualize this anatomy as well?

Scott: No doubt. In fact, canal orifice location became a breeze, especially when attempting to locate the pesky "fourth canal." I often time enter debates on Dentaltown.com (who doesn't) and claim that you don't need a Stereo Microscope in order to find minute anatomy. Those who use SMs are adamant about their necessity in such cases.

A rare opportunity came to me one day in a HOWS course in Houston. One of my participants, a dentist from Oklahoma had a palatal swelling she wanted me to look at. It was from a root canal she had on a maxillary first molar. On the x-ray, there was clearly a fourth canal that had been missed with an apical radiolucency. The endodontist she referred to performed the endo with the help of a SM. He couldn't find it, so he referred her to a second SM-equipped endodontist. He couldn't find it either.

She asked me if I would try to find it. This was my chance, it's not everyday I to take a shot at improving a specialist's effort. I was able to locate, instrument and fill the canal that two specialists with SMs missed. This was no accident. Participants who have taken my HOWS course consistently report excellent success at locating instrumenting and obturating fourth canals.

Don't get me wrong, I'm not against SMs, in fact I have four laboratory SMs for research. I just didn't want dentists to feel like they were committing malpractice if they didn't have a SM in the operatory.

DT: Let me play devil's advocate for a little while; you may be able to make these techniques work, but what about other dentists, are they able to mimic your results?

Scott: I'll never forget the time I had Michael Abernathy, DDS, who lectures on the "Secrets of a Five Million Dollar General Dental Practice," in one of my HOWS courses on endo. Michael asked more questions than anyone in the class and was absolutely unconcerned that he might reveal weakness in his knowledge. After taking my course, I called him wanting to know if he was benefiting from my techniques. "I hate you Scott Perkins," he said. "Why?" I asked. "I can't stop finding fourth canals," he answered. I laughed, "Hopefully your efficiency has increased enough that you aren't horribly inconvenienced by that!" I replied. Michael told me that before the course, he would find an occa-

sional fourth canal. Today, most of the maxillary molars he treats have four canals. I feel good about this.

At this point, I can't think of a single frustrating obstacle in clinical endo that an amazingly simple solution couldn't fix. Achieving patency in a seemingly narrow and/or calcified canal, negotiating nasty curves, blasting past blockages, getting around a ledge and removing it, rapid and accurate access, extremely thorough canal debridement, avoiding hemorrhage, locating fine anatomy—you name it and I'm all over it.

DT: Can you tell us about your future plans and/or products?

Scott: One of my latest products, which should be going to market soon, is a better irrigating system that heats the bleach just before it enters the tooth.

Additionally, I have conceptualized a new operatory. Everything in the operatory has been redesigned. The dental chair, the dental stools, the dental light, the unit the cabinets, the way instruments and supplies are arranged, the logistics of their delivery into the mouth.

Mission Trip

DT: Are you involved in dental missionary work?

Scott: Mission work was an important event for me this last year. I took two of my sons, Michael and Riley, to Clinica Betel located in Atoyac de Alvarez, Mexico. There are things that are really worthwhile in life, and mission work with your sons, is one of them.

Dr. Jerome Smith organized this memorable trip that included my two oldest sons, nine students from Louisiana State University and the people of Mexico. We worked hard and had a great time.

Planting a Seed

DT: Scott, how has Dentaltown contributed to your current success?

Scott: It is unlikely that I would ever have emerged as an opinion leader or become ignited to do what I'm doing now if it hadn't been for Dentaltown. Sometimes I'm not sure whether that's a blessing or a curse.

Seriously, I am nourished professionally by the ability to interact with my peers on Dentaltown.com and very thankful for its existence.

DT: For more information on SimpleDental and its line of products, visit www.simpledental.com or call 1-800-454-5161.

"Scott brings a combination of serious introspection and scientific analysis to every single aspect of dentistry and combines this with a sense of humor and brilliance. He will never be forgotten by the LSU dental students, or the patients who he helped us treat."

—J. Jerome Smith, DDS

